EXHIBIT 87

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al. Plaintiffs, v. ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al., Defendants.	Case No. 1:25-cv-00196-MRD-PAS

SUPPLEMENTAL DECLARATION OF ELI ROSENBERG

1. I, Eli S. Rosenberg, PhD, am the Director of the Office of Science at the New York State Department of Health (NYSDOH). I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with NYSDOH staff, or from documents that have been provided to and reviewed by me.

2. I submit this Declaration in support of Plaintiffs' Opposition to Defendants' Motion to Clarify and Modify the Preliminary Injunction Order. ECF No. 75.

3. This Declaration supplements the Declaration signed by me dated May 8, 2025, and filed in this action. ECF No. 44-25; exhibits attached to ECF No. 55-10. I reincorporate and restate the matter in those declarations, and provide updated information regarding the Pregnancy Risk Assessment Monitoring System (PRAMS).

4. Since April 2025, NYSDOH still has received only limited communication with the Centers for Disease Control and Prevention (CDC) regarding data and operations. Instead of coming from a CDC PRAMS project officer, as had been the prior precedent, communication

that began on April 16, 2025, has come from a new CDC contact whose relationship to the PRAMS program is unclear.

5. In relation to program operations, CDC turned on the PRAMS Integrated Data Collection System (PIDS), which is required for survey data collection operations, and allowed NYSDOH to test its functionality. We successfully completed that testing, however we have several outstanding questions out to CDC that we need answered before we can resume use of PIDS for survey data collection. CDC has been unresponsive to those questions.

6. Additionally, CDC has provided NYSDOH with the raw (not cleaned) unweighted 2024 PRAMS data, instead of finalized (clean) weighted data, which is their responsibility as stated in the Notice of Award. A true and correct copy of the Notice of Award is attached hereto as **Exhibit A**. To do this requires first data cleaning and then the computation of statistical weights on the clean data set. Thus, CDC did not clean or calculate the survey weights for the data. CDC did provide guidance to NYSDOH as to how to do the data cleaning for ourselves, which is a series of complex programs that we are reviewing. CDC stated that they will provide guidance for weighting the raw data in the near future so that states can do the statistical weighting steps themselves, too. For PRAMS, this is a complicated process requiring trained statisticians, and our PRAMS grant budget is not sufficient to hire any additional staff.

7. Furthermore, a new gap has come to light since our original filing. According to the Notice of Award, CDC is to "Facilitate the dissemination of weighted analytic datasets to researchers". **Exhibit A** at 5-6. This has been previously accomplished through the CDC PRAMS team's creation of the Automated Research File (ARF), which can be requested and provided to researchers online (https://www.cdc.gov/prams/php/data-research/index.html). A true and correct copy of the website as it appeared on July 23, 2025, is attached hereto as **Exhibit B**.

At that webpage, CDC has posted a new box at the top stating "PRAMS ARF data requests are not currently being processed. Researchers wanting to analyze data can contact each site separately to request access to their data. Please email the point of contact or visit the website for each of these sites for more information." This section then directs data requestors to contact our team in order to fulfill this function that was formerly conducted by CDC. In the prior two months, we have been contacted by five researchers who have requested that we fulfill these data requests in lieu of CDC. The requestors explained they were contacting NYSDOH at CDC's direction.

8. In summary, CDC is still not completely fulfilling its parts under the Notice of Award, and communication from CDC has been limited. NYSDOH is still unable to move forward on key tasks and is still at risk for missing the time window for collecting data for the birth samples in the early months of 2025.

9. I, Eli S. Rosenberg, PhD declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct.

Date: 7/25/25

ELI ROSENBERG

EXHIBIT A

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 U01DP006608-05-00
FAIN# U01DP006608
Federal Award Date: 04/08/2025

Recipient Information

1. Recipient Name
HEALTH RESEARCH, INC.
150 Broadway STE 280
Riverview Center
Health Research, Inc.
Menands, NY 12204-2732
[NO DATA]

2. Congressional District of Recipient
20

3. Payment System Identifier (ID)
1141402155A1

4. Employer Identification Number (EIN)
141402155

5. Data Universal Numbering System (DUNS)
153695809

6. Recipient's Unique Entity Identifier (UEI)
WJ37AD42G8A5

7. Project Director or Principal Investigator
Trang Q Nguyen
trang.nguyen@health.ny.gov
518-4742543

8. Authorized Official
Mr. Michael Saglimbeni
Director, Office of Sponsored Programs
HRINGA@healthresearch.org
(518) 431-1265

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Tracy Rice
Grants Management Specialist
tjn4@cdc.gov
678-475-4964

10.Program Official Contact Information
Mrs. Natalie Brown
Program Officer
fmc7@cdc.gov
404-639-4601

Federal Award Information

11. Award Number
5 U01DP006608-05-00

12. Unique Federal Award Identification Number (FAIN)
U01DP006608

13. Statutory Authority
Section 317K of the Public Health Service Act, [42 U.S.C. 247b-12], as amended

14. Federal Award Project Title
DP21-001 Pregnancy Risk Assessment Monitoring System (PRAMS)

15. Assistance Listing Number
93.946

16. Assistance Listing Program Title
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs

17. Award Action Type
Non-Competing Continuation

18. Is the Award R&D?
Yes

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 05/01/2025 **- End Date** 04/30/2026	
20.	**Total Amount of Federal Funds Obligated by this Action**	$175,000.00
	20a. Direct Cost Amount	$151,978.00
	20b. Indirect Cost Amount	$23,022.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$0.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$175,000.00
26.	**Period of Performance Start Date** 05/01/2021 **- End Date** 04/30/2026	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$845,040.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Manal Ali
Grants Management Specialist / Officer

30. Remarks

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 U01DP006608-05-00
FAIN# U01DP006608
Federal Award Date: 04/08/2025

Recipient Information

Recipient Name
HEALTH RESEARCH, INC.
150 Broadway STE 280
Riverview Center
Health Research, Inc.
Menands, NY 12204-2732
[NO DATA]

Congressional District of Recipient
20

Payment Account Number and Type
1141402155A1

Employer Identification Number (EIN) Data
141402155

Universal Numbering System (DUNS)
153695809

Recipient's Unique Entity Identifier (UEI)
WJ37AD42G8A5

31. Assistance Type
Cooperative Agreement

32. Type of Award
Research

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$85,188.00
b. Fringe Benefits	$33,479.00
c. Total Personnel Costs	$118,667.00
d. Equipment	$0.00
e. Supplies	$1,419.00
f. Travel	$2,814.00
g. Construction	$0.00
h. Other	$29,078.00
i. Contractual	$0.00
j. TOTAL DIRECT COSTS	$151,978.00
k. INDIRECT COSTS	$23,022.00
l. TOTAL APPROVED BUDGET	$175,000.00
m. Federal Share	$175,000.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-939ZRDR	21U01DP006608	DP	41.41	93.946	$0.00	75-22-0948
3-939ZRDR	21U01DP006608	DP	41.41	93.946	$0.00	75-23-0948
4-939ZRDR	21U01DP006608	DP	41.41	93.946	$0.00	75-24-0948
5-939ZRDH	21U01DP006608	DP	41.41	93.946	$175,000.00	75-25-0948

AWARD ATTACHMENTS

HEALTH RESEARCH, INC. 5 U01DP006608-05-00

1. Terms and Conditions dp006608

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Research awards at https://www.cdc.gov/grants/federal-regulations-policies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP-21-001, entitled Pregnancy Risk Assessment Monitoring System (PRAMS)**, **award DP006608 – Health Research Inc., New York State Department of Health,** and application dated December 27, 2024, as may be, which are hereby made a part of this Research award hereinafter referred to as the Notice of Award (NOA).

Note: Due to grants management administration system parameters, the budget category names on Page 1 of this NOA may be altered from the budget categories submitted with the SF-424 Research and Related Budget application.

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024
This award is subject to the requirements in 45 CFR Part 75, except as amendated by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "Modified Total Direct Cost", "Equipment", and "Supplies"
- 2 CFR § 200.313(e). Equipment, Disposition
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount sub awards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, De Minimis Rate
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	**Replaces 45 CFR 75 citation**
2 CFR § 200.1. Definitions, *"Modified Total Direct Cost"*	45 CFR § 75.2. Definitions, *"Modified Total Direct Cost"*
2 CFR § 200.1. Definitions, *"Equipment"*	45 CFR § 75.2. Definitions, *"Equipment"*
2 CFR § 200.1. Definitions, *"Supplies"*	45 CFR § 75.2. Definitions, *"Supplies"*
2 CFR § 200.313(e). Equipment, *"Disposition"*	45 CFR § 75.320(e). Equipment, *Disposition"*
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353 Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381 Closeout
2 CFR § 200.414(f). Indirect costs, De Minimis Rate	45 CFR § 75.414(f). Indirect (F&A) costs, De Minimis Rate
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Approved Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	$175,000
Total Approved Budget	$175,000

Recipients are to review the **Payment Management System (PMS) Subaccount** section in this document to determine the appropriate subaccount document number for the referenced Component. Program specific authorizing legislation, budgetary appropriations, or similar authority may require the creation of more than one subaccount document number per award.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: It is anticipated that CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities as detailed in the NOFO and included below.

Component A:

1. Maintain CDC Institutional Review Board approvals as required when engaged in research involving human subjects.
2. Obtain Office of Management and Budget (0MB) approval in accordance with the PaperworkReduction Act (PRA), as required.
3. Provide model procedures and assist with development of jurisdiction-specific written procedures. Conduct periodic review of written procedures and provide recommendations for improvement if needed.
4. Provide CDC-provided software system for use in data collection procedures and monitoring of PRAMS operational data.
5. Provide training, operations management and ongoing technical support for CDC supported software.
6. Assist with the specification of variable descriptions and format layouts of all data files.
7. Assist with the development of computer programs for sampling and analysis.
8. Provide statistical guidance on development, implementation, and modification of sampling plan.
9. Provide technical assistance to resolve problems in data collection procedures.
10. Conduct regular operational evaluations and provide recommendations for improvements if needed.

11. Provide technical assistance for data editing.
12. Provide technical assistance on implementation of survey supplements to address emerging issues that may arise during the project.
13. Assist with implementation of a new version of the questionnaire (Phase 9) with potential adaptions to the existing PRAMS methodology (e.g. online data collection) in conjunction with awardees and stakeholders in maternal and infant health.
14. Provide awardees with epidemiologic technical assistance including identifying relevant data sources, developing descriptive analyses and preparing reports on a range of topics.
15. Conduct the statistical weighting and create annual data sets for awardees. Processing of data for weighted data sets by CDC is subject to awardees' adherence to protocol and meeting a minimum response rate target.
16. Assist awardee staff in obtaining training in software to analyze PRAMS data.
17. Facilitate the dissemination of weighted analytic datasets to researchers per data sharing agreement.
18. Facilitate dissemination and translation of findings for use in development and evaluation of MCH programs.
19. Organize on-going opportunities for exchange of information on challenges and best practices in establishing surveillance or other enhanced activities.
20. Participate with awardees in workshops, trainings, meetings, and coordinating committees to exchange information among awardees.
21. Coordinate and participate in PRAMS National Awardee Meetings.
22. Participate in the voluntary PRAMS Coordinating Committee comprised of CDC Project Scientists and awardees to promote exchange of information and best practices for program development and evaluation.
23. Assist awardee with complying with the CDC PRAMS Standard Data Management Plan for AR25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Additionally, an HHS/CDC Project Officer or other HHS/CDC staff will provide day-to-day programmatic, administrative, and fiscal management in support of the project as defined above.
Additionally, an HHS/CDC agency Program Official will be responsible for the normal scientific and programmatic stewardship of the award. The SPO will be:

• Named in the Notice of Grant Award (NGA) as the Program Official to provide oversight and assure overall scientific and programmatic stewardship of the award.
• Monitor performance against approved project objectives; and
• Assure assessment of the public health impact of the research conducted under this funding opportunity announcement and promote translation of promising practices, programs, interventions, and other results from the research.

Areas of Joint Responsibility include: Participation in the PRAMS Coordinating Committee:

• The PRAMS Coordinating Committee (CC) is comprised of CDC Project Scientists and the Awardee Working Group (AWG). This work group been established to help with project planning and to promote exchange of information and best practices for program development and evaluation. CDC Project Scientists and awardees meet to discuss a variety of programmatic, operational, and methodologic subjects. Topics include questionnaire revision, national meeting, training activities, software issues, alternative data collections methods, and others. The AWG consists of a primary and secondary representative from 7 defined regions.

• Primary representatives actively participate in calls and serve as the liaison between the AWG and the awardee in their assigned region as needed (i.e., take the lead in conveying or gathering information). Secondary representatives participate in calls and back up the primary representatives as needed. Representation rotates each year so that secondary representatives become primary representatives and each jurisdiction in the region has an opportunity to participate during the grant cycle. The AWG meets quarterly by phone. The frequency of the meetings is subject to change depending on the operational and methodologic issues underway.

Awardees and CDC Project Scientists are expected to participate in the following:

1 Routine conference calls to discuss operational and analytic activities at the jurisdiction-level.
2. All awardee calls to discuss emerging issues that affect all awardees; and
3. In-person awardee meetings.

Technical Review Response: Any strengths and weaknesses of the proposal performance progress will be communicated via email directly from the CDC Scientific Program Officer/Program Official (SPO/PO) noted in the Staff Contacts section of this NOA. A response must be submitted via email to the SPO/PO by the due date of, June 1, 2025. Failure to respond will cause delay in programmatic progress and may adversely affect the future funding of this project.

Data Management Plan: As identified in the NOFO, a data management plan is required. The recipient is required to submit a Data Management Plan to the Scientific Program Official noted in the Staff Contacts section of this NOA, no later than 30 days from the budget period start date.

Expanded Authority: The recipient is permitted expanded authorities in the administration of the award.

The expanded authorities selected below apply to this NoA.

☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report submitted in eRA Commons. If the GMO determines that some or all the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

☒ Extension of final budget period of a period of performance without additional funds up to 12 months with no change in the scope of work to ensure adequate completion of the originally approved project or program. The recipient must notify the awarding office, in writing, of the extension 10 days before the expiration date of the period of performance. Upon notification, the awarding office will revise the period of performance ending date and provide an acknowledgement to the recipient.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated June 30, 2024, which calculates indirect costs as follows, a Provisional is approved at a rate of 19.4% of the base, which includes direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from April 1, 2024 to March 31, 2027.

REPORTING REQUIREMENTS

The CDC General Award Terms and Conditions include annual and final FFR, RPPR, FFATA, FISMA, and FAPIIS reporting requirements.

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of page 2 of the NOA must be known to draw down funds.

Subaccount Title: 21U01DP006608

CLOSEOUT REQUIREMENTS

Standard closeout reporting requirements are identified in the General Terms and Conditions, which are published on the CDC website at https://www.cdc.gov/grants/federal-regulations-policies/index.html.

CDC STAFF CONTACTS

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

Grants Management Specialist
Tracy Rice
Centers for Disease Control and Prevention
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Research Branch 2, Team 1
Tel: 678-475-4964
Email: tjn4@cdc.gov

Scientific Program Official/Project Officer: The SPO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:
Natalie Brown
Extramural Research Program Operations and Services
Centers for Disease Control and Prevention
4770 Buford Highway
Atlanta, GA 30341
Tel: 770-488-5740
Email: fmc7@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

Grants Management Officer
Ahmad Chabkoun
Centers for Disease Control and Prevention
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Research Branch 2, Team 1
Tel: 404-498-4164
Email:jwg6@cdc.gov

EXHIBIT B

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS Data

Public Health
AUG. 22, 2024

PRAMS ARF DATA REQUESTS

PRAMS ARF data requests are not currently being processed. Researchers wanting to analyze data can contact each site separately to request access to their data. Please email the point of contact or visit the website for each of these sites for more information. (Participating PRAMS Sites)

WHAT TO KNOW

PRAMS data are available to researchers. Researchers may access data for multiple jurisdictions by downloading the datasets from the PRAMS Automated Research File (ARF) web portal. The process is outlined below.

How to access the PRAMS ARF and other PRAMS datasets

1. Complete and submit the PRAMS Automated Research File Data Portal Access Form.
2. You will receive an email from sams-no-reply@cdc.gov inviting you to create a Secure Access Management System (SAMS) account on CDC's SAMS portal.
3. Create your SAMS account following the instructions in the email.
4. Your SAMS account will then automatically be routed for approval. It must be approved before you can access the PRAMS ARF portal. Once approved, you will receive an email from sams-no-reply@cdc.gov confirming activation of your account.
5. Log into SAMS using your newly created account.
6. Access the PRAMS ARF portal from your SAMS homepage.
7. You must consent to the PRAMS data sharing agreement to access datasets from the portal.
8. Follow the prompts to select the datasets you wish to use and download them.

- Please refer to section below on "Years of Data Available" for information on which sites and years are available on the ARF portal.
- Five current or former PRAMS sites (Connecticut, Florida, North Carolina, Oklahoma, and Texas) are not participating in the PRAMS ARF portal. Researchers wanting to analyze data from these sites can contact each site separately to request access to their data. Please email the point of contact or visit the website for each of these sites for more information. (Participating PRAMS Sites)

Variables in the PRAMS Automated Research File (ARF)

The PRAMS ARF contains a standard set of variables. There are five categories of the variables provided:

1. **Birth Certificate**: Selected variables from the birth certificate file are included in the dataset; information on maternal and infant demographics are primarily from this source.

2. **Operational**: These variables come from the data collection process, i.e., mode the questionnaire was answered by mail or phone.

3. **Weighting**: These variables account for the PRAMS survey design and the statistical weighting of the data. These variables are needed to analyze PRAMS data using complex sample software.

4. **Questionnaire**: This is the information collected from the PRAMS survey.

5. **Analytic Variables**: These are precalculated variables that combine different variables in the dataset, often those that are restricted (e.g., body mass index [BMI] created by combining variables on maternal weight and height).

PRAMS Automated Research File Codebooks

Phase 6 PRAMS ARF Codebook
Phase 7 PRAMS ARF Codebook
Phase 8 PRAMS ARF Codebook

Additional PRAMS Datasets Available for Download

Additional files with standard, site-developed and supplement questions that PRAMS sites added to their PRAMS survey are also available for download through the PRAMS ARF portal. These files will include a unique identifier variable “ID” that can be used to link to records in the ARF. You can find more information about standard, site-developed and supplement question variables available on the PRAMS Questionnaires page. The Topic Reference Document by Phase lists all questions by topic and indicates which sites used standard and site-developed questions on these topics.

Questionnaires Available

The PRAMS questionnaire is revised periodically. With each revision or new phase of the questionnaire, some of the questions change. Although most indicators can be compared across phases, it is often easiest to analyze data within a single phase. Below is a list of the years of available data covered by the different phases:

- Phase 8 (2016—2022)
- Phase 7 (2012—2015)
- Phase 6 (2009—2011)
- Phase 5 (2004—2008)
- Phase 4 (2000—2003)
- Phase 3 (1996—1999)
- Phase 2 (1990—1995)
- Phase 1 (1988—1989) Pilot Phase

The PRAMS questionnaire has three parts: a core that all sites use; a bank of standardized optional questions that sites may select from; and site-developed questions that are usually used only by the site that developed them. Between questionnaire phases, some PRAMS sites used short question supplements that they appended to the end of the regular PRAMS survey.

The following documents may be useful:

Questions Lists by Phase
(Phase 8 Core Questions, Phase 8 Standard Questions, etc.)

Topic Reference Document by Phase
(Lists all questions by topic and indicates which sites used standard and site-developed questions on these topics).

Years of Data Available

PRAMS currently has a policy that sets a minimum overall response rate threshold for the release of data for each year. This threshold has changed over the years as follows:

- 2006 and earlier: 70%
- 2007—2011: 65%
- 2012—2014: 60%
- 2015—2017: 55%
- 2018—2022: 50%

Although a majority of all sites meet the threshold, some do not. For this reason, the number of sites with data available may vary from year to year. The PRAMS datasets available for download include data from sites that met the response rate threshold for the specific year and that are participating in the PRAMS ARF.

For more information, see:
Data Availability by Site and Year EXCEL (*standard version*).
Data Availability by Site and Year EXCEL (*508-compliant version, accessible to people with disabilities*).

Site-Specific Response Rate Tables

2022 PRAMS Response Rate Table

2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 | 2014 | 2013 | 2012

Publication of PRAMS Analytic Results

Researchers should carefully review the terms of the data sharing agreement before submitting presentations or manuscripts using PRAMS data for publication. In particular, please note:

• All oral or written presentations of the results of the analyses will be submitted to PRAMSProposals@cdc.gov at least **3 weeks prior** to a presentation or submission to a journal.

• Publications using PRAMS data should include the following acknowledgement:

We thank the PRAMS Working Group, which includes the PRAMS Team, Division of Reproductive Health, CDC and the following PRAMS sites for their role in conducting PRAMS surveillance and allowing the use of their data: [insert names of PRAMS included in your analyses (e.g., PRAMS Alabama, PRAMS Alaska, etc.].

• Notify PRAMS staff at PRAMSProposals@cdc.gov upon final publication of an article and provide citation information.

For more information about the data access process, please send an inquiry to PRAMSProposals@cdc.gov.

SOURCES

CONTENT SOURCE:
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); Division of Reproductive Health